N	۱ISS	OU	IRI	DI	VISIO	ON OF HEA	LTH - ST	'ANDAI	RD CERT		• -		<b>263</b>	<del>-</del> 035	535	7
				_	ı Regi	istration District No	53	Primary	Registration Dis	utrict No.30	( 1) Registrar's	No. 4	スエー	STATE FI	LE NUMBE	ER .
DO NOT WRITE ON THIS STUB		AMEN	ADED			FILED \$	EP 23 19									
				┬┖	1.1	PLACE OF DEATH					2. USUAL RESI					idence before
VS 300	요				'	b. CITY (If outside cor	Girarde	eau——-		<del></del> -	a. STATEM1	ssouri-b	Cape	Girar	dean	admission) ——
-Rev4/59-	ENDED		_ _		ļ ——,	b. CITY (If outside cor	porate limits; giv	ve TOWNSHIP	only) Le	ength of stay in 1b	c. CITY OR					nside Limits
	AME					TOWN Cape	Girarde	eau	7	5 Years		Cape Gi	rardes	9 11	Y	es 🔼 No 🗌
10168	A H	1				CITE STATE OF THE	NOT 1 1 1	1 1 1			d. STREET	- WEG GT	(If cutside,	give location)	Re	eside on Farm
20168	! ⊩					HOSPITAL OR INSTITUTION 24]	16 So. S	Sprige	Stree	t Yes 🗷 No 🗆	ADDRESS	2416 So	Spr	igg St	Y.	es □ No <b>X</b>
3	T	⇈	+	⊣ հ		NAME OF DECEASED	First	1	Mide	dle	Last	4. DATE	Mo	nth	Day	Year
	1				(	(Type or print)	W113	11g	ممرآ	nard	Reed	` OF	Septer			
4 ()	۱				5.	SEX	6. COLOR OR		. Married K	Never Married □		TH 9. AGE (	last birthday)	IL ANDER 1	YEAR II	F UNDER 24 HR
	١							,	Widowed 1	Divorced [			77			iours Min.
5	١					VIAL OCCUPATION	White	ork done 10	. KIND OF BUS	INESS OR INDUSTR		E (City and stat	· · · · · · · · · · · · · · · · · · ·	12. CITIZE	N OF WH	AT COUNTRY
6	S.			1		during most of working		etired)				•				
7 /	FOLLOW				130.	CLYGG I YON FATHER'S NAME	n Marqu	errel (	135. MOTH	Plant FER'S MAIDEN NAM	Near Wa	re, Wi	linois NAME OF	HUSBAND OR	WIFE	<del></del>
	뎡				l.	llliam H.	Rood	•	i	erine Ke		n.	(at +4.6	Pood		
8 7) I					15.	WAS DECEASED EVER	IN U.S. ARMED				17. INFORMANT	, 1 1V	at tie	<u>Reeu</u> Address		
nutia il	AS					no, or unknown) (If	yes, give war or	dates d		001	Motte	p~~~ ~	0 70 01	mama	Tree	r_
	ARE				<b>╿</b>	IB. CAUSE OF DEATH PART I.	(Enter only one	cause p		081	U Mattie	Reed-C	arbe (1)	rrarde	THIFTE	VAL BETWEEN
10	0			Ä	<b>i</b> i	PART I.		•	0-	ronony	rech				ONSE	T AND DEATH
11	응 6			CUMENT			IMMEDIATE (	CAUSE (a)	<u> </u>	- Janes		~ <del>~~</del>			+	
···	HIS REC			·ŏ	1	Candisia	ns, if any, ] [	DUE TO (b)	ha	the	auin				1	
1290-2	STE			-	1	which ga	eve rise to cause (a),		7	-	<u></u>				1	
13/-0	돈	$\vdash$	+	4	1	stating t	he under-	DUE TO (c)	Ei	pema	/				<u> </u>	
, , ,	Z O			.	z		OTHER SIGNIF	ICANT COND	TITIONS CONTR	IBUTING TO DEA	TH but not related	to the termina	al. PART	III. If dece	ased was	female was
					욁		disease condition	on given in P	ART I (a)				Ţ,			in last 90 days.
	z .			1	[일	-		pe	nelity	·				Yes	□ No	Unknown
	¥				CERTIFICATION 	19: WAS AUTOPSY PERFORMED?	20a. ACCIDENT	SUICIDE	HOMICIDE [	206. DESCRIBE HO	OW INJURY OCCUR	KED. (Enter natu	re of injury in	PART   OF PA	WKI II OF	mem (8.)
	AMENDMENTS					PERFORMED? YES NO T					<u> </u>					
Ž	\$				MEDICAL	20c. TIME OF Houl INJURY a.m.	Month, Day,	Tear							•	
IBBO K						p.m.	· ·		IM 0 100 7	ne shout Francis	20f CITY TOWN:	OR LOCATION		COUNTY		STATE
	۱				2	20d. INJURY OCCURRE WHILE AT WORK		e. PLACE OF farm, facto	INJURY (e.g., in iry, street, office	i bldg., etc.)	20f. CITY, TOWN,	JE LUCATION		2001111		-inte
BLACK OR RITER R					· I   _	NOT WHILE AT W	AOKK TI			<del></del>	- 1: -61-	·		<u> </u>	161	<del>7</del>
주 o 표역	READ				2	21. I attended the dec		<u> </u>	1958	, to	14, 1963	_end lest saw	<i>U</i>	ane 8,	176-	
# <b>2</b> 2	) 👸	:	<b>S</b>			Death occurred at		:00 A	.M	m on t	he date;stated abov	re, and to the bo	est of my kno	wledge, from	_	
USE TEX	SHOULD			P.	-2	22a AGNATURE	1	(Degree	or title)		22b. ADDRESS	2 /2	01	1	2 22	c. DATE SIGNED
USE BLACK OR TYPEWRITER I	送	]		VIT		Linge 1	J. Dan	nglin	e bu		146N A	ما سند	al Sher	when	9	119/63
<b>-</b> ,	ļ <del>  -</del> -	╁┼	+	DAVI	23a.	BURIAL, CLEMATION, REMOVAL (Specify)	23b. DATE	/	23c. NAME OF	CEMETERY OR CR	REMATORY		ON (City, tow			(State)
ă	Š		1	윤		REMOVAW(Specify)		963	Lorim	ier Ceme	eterv	Cape	Girar	deau,	Mo.	
•	EM P			AFFII		FUNERAL DIRECTOR	14/ + 11/ +	ADDRES	\$	25. DA	TE RECD. BY LOCA	L REG. 26.	ESISTRAR'S S	IGNATURE	1_	+
		]		₽	,	. T. Heme	an-Cape	Girar	deau_M	o. Der	I. 21,19	63 8	Eran.		an	Men.
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SEP 24 1963

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Alexandra (and the control of the co

and the second s

## STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	Signed Laword Plana
Student	Signed / Solver & Samon
'Signature of Student Embalmer	
Sand San San	Licensed Embalmer No. 4122

P. O. Address Cape Girardeau. Mo.

28 6 9 7 th 19 4 4 1

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.